

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCA TION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/517,980
	Filing Date	December 13, 2004
	First Named Inventor	James P. LANDERS
	Art Unit	1797
	Examiner Name	Timothy G. Kingan
	Attorney Docket Number	119620.0154

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: **27557** Please change the correspondence address for the above-identified application to: The address associated with
Customer Number: **27557****OR**

<input type="checkbox"/> Firm or Individual Name			
Address			
City			
Country	State	Zip	
Telephone	Email		

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Rodney L. Sparks</i>		
Name	Rodney L. Sparks, J.D., Ph.D.		
Date	November 19, 2008	Telephone	(434) 243-6103

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of **1** forms are submitted.